In this community					
Registration District No.	DEPARTMENT OF COMMERCE			32	520
Registration District No. Registrar's No. Registrar's No. Registrar's No. Registrar's No. 1. PACE OF INSTITUTE  (1. PLACE OF INSTITUTE  (2) County And		STANDARD CERTIF	ICATE OF DEATH	State File No	,,,OO
1. PLACE OF IDENTIFY  (d) County  (d) City or town  (d) City or town  (d) Length of stay I hospital or institution  (e) Little of foreign country  (c) Citizen of foreign country  (c) Citizen of foreign country  (d) Length of stay I hospital or institution  (d) Length of stay I hospital or institution  (d) Length of stay I hospital or institution  (e) Little of foreign country  (f) L		Primary Registration Distri	ict No. 4/93	Registrar's No	17
(6) City or town (17 double city or term limits, write "RURA!" and same of township) (6) Spang of neopital principal control institution:  (7) Long the hospital or institution:  (8) Long to fine the hospital or institution.  (9) Long to fine the spanged of stay: In hospital or institution.  (18) Long to fine the spanged of stay: In hospital or institution.  (19) City or town. Include sity or town limits, write "RURA!")  (10) Long to fine the spanged of stay: In hospital or institution.  (10) Long to fine the spanged of stay: In hospital or institution.  (10) Long to fine the spanged of stay: In hospital or institution.  (10) Long to fine the spanged of stay: In hospital or institution.  (11) Long to the spanged of stay: In hospital or institution.  (12) Long to fine the spanged of stay: In hospital or institution.  (13) Long to fine the spanged of stay: In hospital or institution.  (14) Long to fine the spanged of stay: In hospital or institution.  (15) City or town. Include the spanged or town limits.  (16) City or town. Include the spanged or town limits.  (17) Long the spanged or the spanged or the spanged or town limits.  (18) Street No.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or town limits.  (19) City or town. Include the spanged or tow	1. PLACE OF DEATH:		2. USUAL RESIDENCE OF D	ECEASED:	,
(c) Samed housilisted institution in the wife ribration in the wife ribration in the community (c) Samed housilisted institution with the community (c) Length of stay: In heaptal or institution (c) Clicken of foreign country? (c) Clicken of for	(a) County Gaseon	ade 1,	1 Marsa	ri Gos	me 3de
(d) Street No (if contails city or town limits, write "RURAL")  (d) Length of the stay: In hospital or institution.  (d) Length of tary: In hospital or institution.  (e) Cliden of foreign country?  (f) Citizen of foreign country?  (f) Citizen of foreign country?  (if contails city or town limits, write "RURAL")  (f) Cliden of foreign country?  (g) Cliden of foreign country?  (		and Ma		(b) County County	mary
(6) Length of stay: In hospital or institution.  (7) Length of stay: In hospital or institution.  (8) Length of stay: In hospital or Institution.  (8) Length of stay: In hospital or Institution.  (9) Citizen of foreign country?  MEDICAL CERTIFICATION  20. DATE OF DEATH, Mgnth.  (10) Length of the Country.  MEDICAL CERTIFICATION  21. Ihrerby certify that I attended the deceased from minute for the country.  (11) Length of the country.  (12) Length of the date and hour stated above.  (13) Length of the date and hour stated above.  (14) Length of the date of deceased from the date and hour stated above.  (15) Length of the date of deceased from the date and hour stated above.  (16) Length of the date of deceased from the date and hour stated above.  (16) Length of the date of deceased from the date and hour stated above.  (17) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (18) Length of the date of deceased from the date and hour stated above.  (19) Length of the date of deceased from the date and hour stated above.  (19) Length of the date of death the date of deceased from the date and hour stated above.  (20) Length of the date of deceased from the date and hour stated above.  (3) Length of date of deceased from the date and hour stated above.  (4) Length of the date of deceased from the date and hour stated above.  (5) Length of the date of deceased from the date and hour stated above.  (6) Length of the date of deceased from the date and hour stated above.  (8) Length of the dat	(c) Name of hospital or institution:	the state of		tside city or town limits, write "RUF	(XL')
(c) Length of stay: In hospital or institution.  In this community, when the community when the passes to the community when th	(If not in bosnital or institution, write	street number of coation)	(d) Street No	***************************************	<u> </u>
In this community years, security rears, security of the community years, security of the community years, security of the community years, security of the community of the com		tion	∭ <u></u>	<b>.</b> .	
3. (a) PRINT GFORGE J. SOMINS 3. (b) HEVERIN, 3. (c) Social Security No.  23. DATE OF DEATH: Mgnth. day Minute P. N.  24. See Mall 1. S. Color or 1. 6. (a) Single, widowed, married, divorced Mallallallallallallallallallallallallall	In this community	(Specify whether		<i></i>	(Yes or No)
3. (a) If veteran, mame war.  3. (b) If veteran, mame war.  4. See Male of the state of the stat	years, mouths or days)	<del></del>			
3. (b) If veteran, name war.  3. (c) Social Security No.  4. Sex Mall S. Color of G. (c) Single, widowed, married, divorced Malluled divorced Malluled Grand Sex Malluled Grand	3. (a) PRINT GFORGE	J. SOHNE	MEDICAL	CERTIFICATION	iX
name war.  No.  1. See Mall of the case of	<del></del>	····	29. DATE OF DEATH: Month	day 8	
4. See Wall race of the state of the state and hour stated above.  4. See Wall race of the state of divorces Mathematical divorces M		•	year 90 ho	ur / O minute	<i>A</i> · M
4. See International Control of the	N -		21. I hereby certify that I attended	the deceased from	//9
6. (c) Name of husband or wife alive 70 years alive	. Male s. Color or		19	70. to OCI.	1972
AGE: Years Months Days If less than one day  9. Birthplace (Cipr. togr., or county)  10. Usual occupation (Cipr. togr., or county)  11. Industry or busines Paulo (State of foreign county)  12. Name (Citr., town or county)  13. Birthplace (Citr., town or county)  14. Maiden name (Citr., town or county)  15. Birthplace (Citr., town or county)  16. (a) Informant (Co.)  17. (b) Address (Citr., town or county)  18. (c) Place: burial or cremation (Maath) (Day) (State)  19. (d) Address (Citr., town or county)  (e) Place: burial or cremation (Maath) (Day) (State)  (fless than one day (Citr., town or county)  (d) Address (Citr., town or county)  (d) Did injury occur? (Citr., town) (County) (State)  (d) Did injury occur? (Citr., town) (County) (Citr., town) (County) (Citr., town) (County) (Citr., town) (C	4. Sex Port of Surband and for	· <del>-</del> ·		ond hour stated above	19
7. Birth date of deceased. Action (Magno) (Day) (Year)  8. AGE: Years Months Days If less than one day Due to. Average of the Control of Contro	BURB SOHNS	A Property and the second	li	and nour stated above.	Duration
8. AGE: Years Months Days If less than one day  10. Birthplace (Standard County)  10. Usual occupation (County)  11. Industry or businest Caused (Standard Corigo county)  12. Name (City, town, or conft)  13. Birthplace (City, town, or conft)  14. Maiden name (City, town, or conft)  15. Birthplace (City, town, or conft)  16. (a) Informant (City town, or conft)  17. (a) Address (City town, or conft)  18. (a) Signature of thermal (city town, or conft)  19. (b) Address (City town, or conft)  10. (b) Address (City town, or conft)  11. (a) City town, or conft)  (b) Address (City town, or conft)  (c) Place: burial or cremation, or removal)  (d) Address (City town, or conft)  (e) Place: burial or cremation (County)  (f) Address (City town, or conft)  (g) Address (City town)  (g) Address (City town)  (g) Address (City town)  (g) Means of injury  (g) Means of injury  (g) Means of injury  (g) Means of injury  (g) Address (City town)  (g) Address (City town)  (g) Address (City town)  (g) Means of injury  (g) Means	7 Birth data of damand Old Pad	27- 1577	Cerebrorascula	er Ace, don't	415
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9. Birthplace (Chy, town, or county) (State optoreign country)  10. Usual occupation (Universal Marie of program of the cause)  11. Industry or business (Include pregamery within 3 months of death)  12. Name (Augustian Chy, town, or country)  13. Birthplace (City, town, or country)  14. Maiden name (City, town, or country)  15. Birthplace (City, town, or country)  16. (a) Informant (City, town, or country)  (b) Address (City, town, or country)  (c) Place: burial or cremoval)  (d) Date thereof (A - / Augustian Chemical Country)  (d) Address (City town, or country)  (d) Date of occurrence.  (e) Place: burial or cremoval)  (f) Date thereof (A - / Augustian Chemical Country)  (d) Address (City town, or country)  (e) Place: burial or cremoval)  (f) Maria (Country)  (hoath) (Day) (Van)  (hoath) (Day) (Van)  (hoath) (Day) (Country)  (hoath) (Country)  (hoath) (Country)  (hoath) (Registral a signature) (Address (M. Decountry))  23. Signature (M. Decountry)  (hoath Country)  (hoath Coun	8. AGE: Years Months I	Days If less than one day	Due to AVTERIOSC	lerosis	Many
Due to	71 0		1 Arterial f	typer Tension	years
Other conditions.  (Include pregnancy within 3 months of death)  PHYSICIA  Major findings: Of operations.  Of autopsy.  Of autopsy.  (City, town, or comby)  (City town, or comby)  (City or town)  (County)  (County)  (City or town)  (County)  (County)  (County)  (City or town)  (County)  (County)  (County)  (City or town)  (County)  (County)  (City or town)  (County)  (County)  (County)  (City or town)  (County)		hr. min.	Due to 27 20/06.4	JAK WOWA	
(Include pregnancy within 3 months of death)    Industry or busines   Particle   Physicial	9. Birthplace (Cir. town, or county)	(State refereign country)			
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Major findings: Of operations Underling the cause which deal should be charged as the list tically.  14. Maiden name (City, town, or compt) (State of foreign county) (State of foreign county) (State of foreign county) (State of foreign county) (Burial, cramstion, or removal) (City or town) (Burial, cramstion, or removal) (County) (Cou	(O- · 7	9 Coment.	(theires pregnancy within 3 months of 6	eath)	PHYSICIAN
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(c) Place: burial or cremation (Manth) (Day) Pear)  18. (a) Signature of funeral directors (Manth) (Day) While at work? (Specify type of place)  (b) Address (Date feelwest) (b) (Date feelwest) (Manth) (Day) (Resistrar a signature) (Manth) (Day) (Manth) (Manth) (Day) (Manth) (Day) (Manth) (Day) (Manth) (Day) (Manth) (Manth) (Day) (Manth) (Manth) (Day) (Manth) (Mant			(c) 'Where did injury occur?		***************************************
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	19. (a) <b></b>	(Registrar a signature)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.4	med 10-94
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed Reflection

....., Registered Apprentice No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the complete to complete the complete to complete the complete to complete the complete th

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.